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## APPLICANTS

Howard J. Jacob, Brookfield, WI;

 Richard J. Roman, Brookfield, WI;  
 Marcelo Nobrega, Richmond, CA;

## \*\* CONTINUING DATA \*\*\*\*\*

This appln claims benefit of 60/398,446 07/25/2002

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

## IF REQUIRED, FOREIGN FILING LICENSE GRANTED

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Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY WI	SHEETS DRAWING 12	TOTAL CLAIMS 15	INDEPENDENT CLAIMS 1
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no Met after Allowance				
Verified and Acknowledged Examiner's Signature <i>Heather P. Jones</i> Initials <i>HP</i>				

## ADDRESS

 26710  
 QUARLES & BRADY LLP  
 411 E. WISCONSIN AVENUE  
 SUITE 2040  
 MILWAUKEE, WI  
 53202-4497

## TITLE

Rat model of diabetic nephropathy

FILING FEE  RECEIVED 880	FEES: Authority has been given in Paper. No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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